

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

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THE LOUISVILLE COLLEGE OF PHARMACY.

As the time draws nigh when young men studying pharmacy will make a choice of the institution they will attend, we wish to call attention to the Louisville College of Pharmacy. We are quite certain that it is equal to any school of its kind in the country. Its faculty is composed of gentlemen of pronounced ability, and whose hearts are wholly in their work. The Louisville College is endeavoring to build its reputation on the excellence of the material it turns out rather than the quantity of it. It offers every facility for a thorough practical education in pharmacy. The profession of Louisville, who are able to witness the efficiency and independence of this school, give it a hearty indorsement. We would beg the influence of our readers interested in such matters for its favor. The advertisement of the college appears in another column. Communications should be addressed to Vincent Davis, Louisville, Ky.

THE Ohio Medical Recorder is one of our most valued exchanges. Its typography is said to be equaled by only two or three and surpassed by none of the journals of the country. Its *forte* is Latin and the Metrical System. It takes us to task in the August number, just to hand, upon the former point, and says that in spite of our late homily on Hog-Latin prescriptions we have allowed such in our columns. It would be absurd to deny the learning of the News! Some of our correspondents can write Sanscrit. Possibly an occasional mistake may have crept in the formularies, and the Recorder has

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noted one or two—if he really found them. But we do not accept the correction in most of the examples given. "Alumni" is the Latin for graduates, and not the genitive of "alum," as the Recorder singularly conceives. What "alumnis" is we can not imagine. "Chloral" and "alcohol" are legitimate abbreviations for "chloralis" and "alcoholis"; that is, they pass for such in Kentucky. Possibly the people in Ohio like their drinks long, and will submit to no lopping in this direction. However this may be, what has our Latin critic to say to this little English, "The pulse were hefty"? Bye, bye.

THE following reverie indicates the effect of the heated term in the South. Any more of this, and we shall leave for some place higher than Labrador. Says the New Orleans Medical Journal for September:

"Is it a pun, a mere coincidence, or traditional fragment of mutilated Latin, which Stephens puts in the mouths of the Esquimaux when they endeavor to inform the marooners that Wutchee and Wunchee are twins? 'Bi-coit-suk.' The meaning of the word we could only guess at; but if 'bi-coit-suk' does not mean twins, I am greatly mistaken. Let learned linguists refer to 'Left on Labrador,' page 230, and then rise to explain."

THE Archives of Clinical Surgery and the Hospital Gazette are to be consolidated under the name of The Hospital Gazette, which will be conducted by Drs. Bermingham and Lyons, of New York. The union of these two periodicals strikes us as a very wise move, and the resulting journal can not fail to be a very interesting one. We cordially commend it to the notice of our

readers. Its first number will be issued in October. The advertisement appears next week.

THE preliminary term in the several medical schools of Louisville commenced on last Monday, September 3d, and will continue until the first Monday in October, when the regular term begins. The utmost harmony prevails, and the ancient standard of Louisville is full high advanced, so to speak. Arrangements have been made for lectures and clinical reports for the News.

Correspondence.

To the Editors of the Louisville Medical News:

In turning over the pages of my visiting-list for the last two months I find the record of several cases, a brief report of which may be of interest to your readers.

On the 26th of July I was called in great haste to see J. S., aged about four years. I found on entering the house that the child was apparently *in articulo mortis*—cyanotic, and breathing only with the greatest difficulty. Inquiring, I learned it was a case of membranous croup that had existed some days, and had been under the care of a neighboring doctor, who had treated it according to the prescribed method—emetics, mercurials, etc. In his absence the patient grew rapidly worse, and we both were summoned, I arriving first. It was but a short time since an emetic had acted, and to the anxious requests for help from the parents I at first responded that all had been done that could be; but, as they continued beseeching me, I thrust my finger down the entire extent of the pharynx, and in so doing felt a hard mass that was either the epiglottis or a foreign body. This I pushed from side to side to dislodge, and, as the child strangled and gagged, withdrew my finger. For a moment it seemed as if suffocation would follow, when with a violent expulsive effort

a mass of membrane, three quarters of an inch square, was expelled, together with a quantity of semi-solid fibrin. The child at once began to breathe easily, fell asleep, and made a speedy recovery. The mass was evidently acting as a valve within the rima glottis.

On the 20th of August I was called to Mrs. W., a lady of delicate organization, yet healthy, the mother of three children. I found her in bed, with the following history: One month before she had aborted at between the third and fourth month. She had no attendant at the time, and, as she states, passed a fetus nearly as long as her hand, with nothing else, neither blood nor placenta. Upon the day I was summoned she had been attacked with pain; and had passed a large placenta, which, according to the testimony of an intelligent nurse, was "all there." There was no hemorrhage to speak of, but a marked odor of decomposition. I ordered carbolized injections and ergot. In a week the patient, who had never been sick since the fetus passed, was taken with pain again, followed by a slight hemorrhage and the passage of a shred or two of membrane. She felt so well that I ordered ergot again and dialysed iron. In three days I was summoned a third time; the cause, moderate hemorrhage and bad odor. I now made a thorough digital examination, and found the uterus freely open, and in its cavity a piece of placenta as large as a walnut, which I removed, ending her trouble. Here was the whole after-birth carried a month, and undergoing decomposition, in a delicate woman, who not only felt well but "moved house" during the time. She is to-day about ready to leave the lounge which she has kept only in obedience to my orders.

W. J. W., A. G. S., J. M. W., three gentlemen, all of nervous temperament, were treated by me for gonorrhea in the month of July, and each of them suffered a siege of from ten days to two weeks with swelled testicle. Nothing seemed to act very speedily, except in the first case, which yielded in two days to eight-drop doses of Lugol's solu

tion. I mention these cases for one reason only; namely, to suggest again the old but too-often-neglected precaution of *always* ordering in every case of gonorrhea a well-fitting suspensory bandage—probably the best being the U. S. A.—and of seeing that the patient wears it.

In this connection I may mention that it seems to be a prevalent notion that in syphilis Bumstead advises one to always await the secondary manifestations before beginning internal treatment. By reading page 478 of his second edition one will find that he has no such rule; and I must say, from a moderate experience, that small doses of mercury *from the start* will do more toward promoting cicatrization than any local remedy in use; while all who doubt the dualistic theory—and they are numerous—will feel that they are losing no time in eradicating a foul disease from the systems of their patients.

These latter remarks are suggested by the case of W. H. A., who has a simple non-indurated sore, pronounced by a most excellent physician at its inception to be a mosquito-bite. At the request of the patient I examined the "suspected lady," and found the recent non-indurated cicatrix of a simple sore, with well-marked syphilitic roseola, on the breast and thighs. In less than two weeks' time the chancre on the man's penis has healed under protoiodide of mercury, one third of a grain three times daily.

E. R. PALMER.

DISLOCATION OF THE HIP.

To the Editors of the Louisville Medical News:

I saw, yesterday, a case in surgical practice which presented several points of unique character. A girl, aged eight, tripped and fell while running. She afterward complained of pain in the left hip, and was confined to her bed for a day, but her parents did not notice that any thing serious was the matter. She got up, walked about with something of a limp, which was still attributed to sprain or contusion. It was

two weeks after her fall that a physician was sent for to see her. I found then plain evidences of a dislocation. The right limb was fully two inches longer than its fellow. The limbs could be easily brought together while she was in a recumbent posture, and there was then no tendency of the injured one to project forward, although when she walked, which she did easily, there was projection of the limb, and some flexion at the knee. Reduction was made under chloroform, by Reid's method, quite easily after four or five revolutions. When the thigh was flexed over the abdomen, it went straight upward, inclining neither to the right or the left, and the circumduction could be made with equal facility outward or inward. It was during an outward turn that the head of the bone was restored. The diagnosis was a dislocation forward and *below* the thyroid foramen on to the tuberosity. It was the first *primitive* dislocation of the kind I had met with. While locomotion is often preserved to a considerable extent in the thyroid dislocations, especially in children, I was struck with the facility with which it could be performed in this case, where the head of the femur was thrown so far from its seat.

W. O. ROBERTS, M. D.

Reviews.

Report on the Progress of Anatomy and Surgery. By L. S. McMurtry, M. D., of Danville, Ky. Read before the Central Kentucky Medical Association April 18, 1877, and published by request of the Association. Louisville: Medical Journal Book and Job Steam Printing House, 104 Green Street. 1877.

The Central Kentucky Medical Association is one of the best organized societies in the state. If comparisons were not odious we might say it was the best. Its quarterly meetings are faithfully attended by its members, and its work is carried on with spirit and interest. Dr. McMurtry, in this report made to the association, sustains its reputation and his own. It is not an easy

task to do such work well. Dr. McMurtry has done it admirably. He has chosen the points of real progress which have been made of late with singular acumen, and he has presented them in a very graphic manner indeed. We make the following extract upon the subject of the treatment of fractures. It will be seen that it presents the doctrine of early interference in a very strong manner. He says:

"A plan of treatment which has the sanction of long observance, and which is a rule of practice with very many practitioners of the present day, consists in the application of "provisional or temporary dressings" to a fractured limb, deferring the permanent adjustment of the fracture and the application of apparatus until the swelling has subsided. This practice is based upon the theory that repair of substantial character is not instituted until several days have elapsed. The teachings of modern surgical pathology and practice are quite opposed to such a course, and the old method is rapidly becoming obsolete.

"In the valuable treatise on Surgical Pathology by Professor Billroth, which has become standard in all schools of medicine and the handbook of practitioners every where, after giving a masterly exposition of the reparative process in bone, may be found the following practical deduction: 'It may be regarded as a rule that a solid, firm dressing should be applied as early as possible in all cases of simple subcutaneous fractures of the extremities.' By 'early as possible' is meant at once on coming under the surgeon's care. This method of prompt adjustment by extension and counter-extension, then fixation and retention until union occurs, is the method now taught and practiced by such surgeons as Erichsen, Hamilton, Sayre, and others. Mr. Erichsen declares that if a fractured limb is at once adjusted and placed in fixed apparatus there will be little or no swelling, and that the sooner it is so adjusted and fixed the better will be the progress and result.

"The old practice of removing the patient from the scene of his injury, and waiting for several days until swelling and inflammation have subsided before adjustment and fixation is now considered quite injudicious. The frequent removal of dressings after adjustment and fixation, and the resort to manipulation and extension to determine if 'every thing is in place,' is simply the oft-repeated disturbance of the reparative process, and consequently highly reprehensible.

"The profession of the West is indebted to Dr. D. W. Yandell, of Louisville, for a valuable article published in the American Practitioner two years

since, in which the evils of the old method are pointed out, and the importance of immediate adjustment and fixation are forcibly and practically set forth.

"The great improvement of modern times in this department of surgery is unquestionably the use of plastic splints. It is now universally conceded that the essential factors in the treatment of simple fractures of the extremities are early adjustment and rest of the parts injured, then retention and immobility during the process of repair. The fracture-box with lateral pressure, the use of forcible traction, and other such means, accomplish these purposes very imperfectly. The curved, polished, and patented splints which frequently adorn physicians' offices are pronounced dangerous, deceptive, and useless by those best qualified to speak authoritatively as to the management of this class of injuries. The plastic dressing meets the requirements of treatment more perfectly than any other with which we are acquainted."

Formulary.

[From Fothergill's Hand-book of Treatment.]

One difficulty has always been felt, and it is this: even cod liver oil is not always digested, and therefore something else was wanting. Dr. Balthazar Foster, of Birmingham, conceived the idea of utilizing Bernard's hint, and so combined ether with cod-liver oil. The increased flow of pancreatic juice so induced led to assimilation of the cod-liver oil, and thus another step forward was made in practical therapeutics. Another effect noticed by Dr. Foster was the return of a liking for fat under this plan of treatment, where previously a strong distaste to it had existed. One method is to give from ten to thirty drops ether (sulphuric) in the dose of oil; or the ether may be given in water immediately before the oil. In private practice Dr. Foster prefers to give the following mixture:

Potasse bicarb.....	℥ jss, ℥ ij;
Acidi hydrocyan. dil.....	M m. xij-xvj;
Spt. ætheris.....	℥ jss-℥ iij;
Aq. ad	℥ viij. Misce.
℥ j ter in die sumat.	

This method of adding to the usefulness of a course of cod-liver oil deserves wide and general attention.

Much difference of opinion exists as to the best forms of iron for common use. Some advocate iron in powder; others as haloid salts; while some prefer what are called the lighter preparations, as the ammonio-citrate and the potassio-tartrate. Personally, I prefer to commence in convalescence with the lighter

preparations, and then go on to stronger forms. Much will depend on what it is desirable to combine with it. For instance,

Amm. carb.....	gr. v;
Ferri. am. cit.....	gr. v;
Inf. quassia.....	℥ j

is a capital form in early convalescence, or in the treatment of amenorrhea. After a time the following may be substituted for it with advantage:

Cit. fer. et quiniæ.....	gr. v;
Liq. strychniæ.....	m. iv;
Inf. calumbæ.....	℥ j.

This forms a beautiful tonic, effective, agreeable, and pleasing to the eye.

A common form, much used in both public and private practice, is the following:

Quin. sulph.....	gr. j;
Tinct. fer. perchlor.....	m. x;
Ac. hydrochlor. dil.....	m. iij;
Inf. quassia.....	℥ j.

Often the iron is felt to be heating, and then a little sulphate of magnesia is of service. The following is a typical prescription:

Quin. sulph.....	gr. j;
Mag. sulph.....	℥ j;
Liq. fer. persulph.....	m. v;
Ac. sulph. dil.....	m. v;
Inf. quassia.....	℥ j.

If this lies cold on the stomach, a few drops of the tincture of capsicum may be added.

For a permanent prescription, requiring to be continued for months, a pill is the best form. It admits of a large supply of material in a small space; the nausea of the disagreeable taste daily for months is also avoided; it does not affect the teeth; and it can be taken after food without attracting the attention of others, often so trying to persons in weak health. The following is a very favorite form with me:

Ac. arsenic.....	gr. j;
Fer. sulph. exsic.....	℥ j;
Pulv. capsici.....	℥ j;
Pil. al. et myrrh.....	q. s.
In pil. lx, div. i semel aut bis in die.	

Taken immediately after a meal, this is a digestive and tonic pill of the highest value.

One beautiful preparation of iron should not be forgotten. It is often well borne when other forms are not tolerated, and consists of the recent addition of the tincture of iron to acetate of ammonia:

Tinct. fer. perchlor.....	m. x;
Liq. am. acet.....	℥ j.

It is beautiful to the eye, palatable, and, in consequence of the decomposition produced, readily assimilated.

Miscellany.

NITRITE OF AMYL IN CHLOROFORM-POISONING.—The following case of rescue from chloroform-poisoning is reported by a correspondent in the British Medical Journal:

"On the 9th instant I was asked by a professional friend to administer chloroform to a patient of his, from whom he was about to remove a fatty tumor situated in the left lumbar region. The patient in question was about forty-nine years of age, married, the mother of several children, of thin, spare habit, but otherwise in good health. She was nervous and apprehensive of the result, entreating me not to give her too much chloroform. Having previously examined the heart and found all the sounds normal, I gave her about two teaspoonfuls of brandy undiluted; and after waiting a few minutes, and placing her in the recumbent posture, I commenced the administration. The chloroform I used was Duncan & Flockhart's, upon the purity of which we can always depend. I poured a measured drachm upon a piece of lint enveloped in a towel. I held it some little distance from her mouth and nose, and let her inhale it slowly. My friend noted the pulse, while I carefully watched the respiration. The first dose did not produce any effect, and I then used another drachm, which soon caused a good deal of excitement, incoherent talking, and struggling, the patient striving several times to snatch the inhaler from my hand. This gradually subsided, and she appeared to be passing into the third stage of anæsthesia, when she made an abortive attempt to vomit, raised her head from the pillow, and, to my friend's great alarm, the pulse flickered and stopped altogether; she gave a gasp; foam gathered on her lips; her jaw became rigid, and to all appearances she was dead. I immediately withdrew the chloroform; my friend dashed some cold water on her face and pulled her tongue forward, while I commenced artificial respiration after Marshal Hall's method, but without success. We then

poured some nitrite of amyl upon lint and held it to her nostrils. In such emergencies it is impossible to judge the flight of time correctly; but I should say in ten seconds there was a flushing of the face, the pulse was again felt, and to our great joy the all-important function of respiration was again restored, the woman being rescued apparently from the very article of death. After a time, the anæsthesia seeming tolerably profound, my friend proceeded to remove the tumor, which he did in a rapid and skillful manner, while, as the patient grew restless, I gave an occasional whiff of chloroform. It proved to be an ordinary fatty tumor. Only one small vessel required to be ligatured. The wound has since healed rapidly, and the patient has made a good recovery. In looking at the order of symptoms, I can not help forming the opinion that had it not been for the nitrite of amyl this poor patient would assuredly have died. I have never seen, either in surgical or obstetrical practice, any one in such imminent peril."

INVENTION OF LUCIFER MATCHES.—John Walker, an Englishman, is generally supposed to have invented lucifer matches in 1832, and it was a compound of chlorate of potash and sulphuret of antimony. It was ignited by strong compression between two pieces of sand-paper, and, as a natural consequence, the heads flew off in all directions. A year or two later phosphorus was substituted for the antimony; the matches were called "congreves," and the composition continued to improve by using other constituents for part of chlorate of potash.

The ease with which phosphorus is ignited by friction has caused it to be employed universally in the manufacture of matches. The particular proportions and the exact ingredients which make up the head of the match are jealously guarded by the manufacturers, each one claiming some advantage over the others. From one twelfth to one tenth is laid down as the best proportion of phosphorus to be employed. Glue, gum, or sim-

ilar substances are used for causing the composition to adhere to the splint. The use of glue is objectionable, as it carbonizes and prevents combustion. In preparing the compound the mucilaginous substance is dissolved in water until it assumes the consistency of thin syrup. After it is heated the phosphorus is added in small pieces, and thoroughly incorporated by rubbing until cold. If it were left in this condition, however, the mass upon becoming cold would prevent the admission of air and hinder combustion. Some additional substance is necessary to supply the oxygen to it, such as red lead, saltpeter, or chlorate of potash. Coloring-matter is also usually put into the solution; vermilion if the tips are to be red, Prussian blue if they are to be blue, etc. In making sulphur matches the ends of the splints are first dipped into melted sulphur, and afterward touched to the surface of the phosphorus-paste. In lighting such a match the process is as follows: the coating of the head is broken by friction; the phosphorus is kindled, and the heat of its combustion decomposes the salts: these in their decomposition evolve oxygen, which provides the fuel, increases the heat, and causes the ignition of the sulphur, which in turn inflames the wood. The temperature required for kindling matches varies from 150° to 160° Fahr. The sulphur is what causes the peculiar brimstone-odor. Instead of sulphur, stearin, stearic acid, or paraffin is used in the better kinds of matches. They burn more readily than the sulphur matches, as the fatty matter and wood take fire together, while in the others the sulphur must first be consumed before the wood is ignited. The matches soaked in fatty matter also burn with a clearer and brighter light, and are free from the disagreeable odor due to the sulphur. A coating of varnish is sometimes employed to protect the head from moisture. —*Popular Science Monthly*.

SANITARY STATE OF THE RUSSIAN ARMY. The Daily News correspondent telegraphs from Biela: "The Russian army begins to

suffer in health, owing in some corps to irregular rations, in others to hard marching, in all to heat; but the greatest predisposing cause is the total neglect of all sanitary precautions. They never bury dead horses or oxen or the entrails of slaughtered cattle. They never dream seemingly of the wisdom of the latrine system. The result is a general tainting of the air, which poisons men predisposed to fall ill by reason of lassitude from over-fatigue or long abstinence from food, although men in stalwart health escape. Strangely enough, the greatest proportion of illness has manifested itself in the *personnel* of the imperial suite, whose members are comparatively nursed in the downy lap of ease, and fare sumptuously every day. General Ignatieff for three days was dangerously ill from a species of gastric fever, and is still confined to his room. Prince Galitzin has been equally ill from the same disorder, and is still in bed. The emperor has five high officers, known as generals-adjutants, on personal service about him. Of these but one is now fit for duty; the other four are ill. Nearly every body is more or less sick, squeamish, and out of sorts. The reason is not far to seek. When I first came to Biela it had more stinks than Cologne, and the slums of Strasburg are a nosegay to it. The air is tainted thick and heavy with filth and rotting offal. Even tobacco-smoke and brandy are powerless to avert nausea."

EXPERIENCE OF A REFORMED CHLORAL-DRINKER.—A correspondent in the *Druggists' Circular* says:

"I am a man sixty-four years of age, and now sobered down and respectable; but I have tried at one time and another all the narcotics and stimulants known, except hashesh, which I have never been able to obtain. Once I took a dose of Cannabis indica, which frightened me terribly, but had no serious results.

"In June, 1875, I thought chloral hydrate might be something nice. I looked over all the *Druggists' Circulars* at hand, and con-

cluded that it was harmless in thirty-grain doses. As we had none in the store, I went to another drug-store and purchased one ounce. I took thirty grains of it in a tumblerful of water, which had a pleasing effect. I then took thirty grains more, which seemed to take away my memory. I followed it up for two days, every little while taking thirty grains largely diluted with water. During those two days I swallowed three fourths of an ounce of chloral hydrate. At last I could not hold any thing in my hands, which were partially paralyzed. I had to be assisted home, and went to bed and slept most of the time for one day and two nights. I then went about my business, but of all the sufferings I ever endured I think this was the worst. I was not free from pain a moment for thirty days. The pain was greatest in my knees and legs. I would go to bed at night, get in an easy position, and lie perfectly still, and not stir in the least, and finally would go to sleep. The first thing on awaking were those dreadful pains. I took nux vomica and phosphorus pills, but they did me no good; the disease had to wear itself out. The sufferings resembled those of the opium-eater when deprived of the drug. With one or two exceptions, I can not recall any thing that transpired during those two days. I think that I had a narrow escape from death. I shall not take any more chloral hydrate."

ANCESTORS OF PRESIDENT MACMAHON.—President MacMahon comes from a medical family. His great uncle was the physician of Franklin, the friend of Voltaire, and a pronounced atheist. His grandfather received the degree of Doctor of Rheims in 1739, and in 1742 went to Autun. While there he became the physician and friend of three aged noblemen, married one of their relatives, and soon after received from them a gift of 2,500,000 francs. The deed of gift was sworn to before a notary named Changarnier. Many years afterward the grandson of the doctor, Marshal MacMahon, and the

grandson of the notary, General Changarnier, were companions in arms in Africa. The heirs of the noblemen brought suit to recover the money given to Dr. MacMahon, on the ground of undue influence, but the suit was decided against them.

PECULIAR ANNUAL RECURRENCE OF PAIN.

Dr. Wright reported the case of a gentleman who, at two A.M. of the morning of July 25th, had been attacked with intense pain, like colic, in the region of the umbilicus. This lasted for two hours, and was followed by slighter attacks. During the day he was entirely free, but the pains returned the next night at the same hour. This continued till the 5th of August, when the pain ceased. The remarkable feature of the case was that this had occurred regularly for the past ten years. In anticipation of the attack he had taken arsenic, and had been most careful in his diet, yet the attack came on at the same time and in the same manner as in former years.—*Clinic*.

GROWTH OF THE HUMAN HAIR AFTER

DEATH.—Dr. Caldwell, of Iowa, states that in 1862 he was present at the exhumation of a body which had been buried two years before. The coffin had sprung open at the joints, and the hair protruded through the openings. On opening the coffin the hair of the head was found to measure eighteen inches, the whiskers eight inches, and the hair on the breast five to six inches. The man had been shaved before being buried. In 1847 a similar circumstance occurred in Mercer County, Penn. In digging a grave the workmen came upon the skeleton of a man that had been buried ten years. The hair was as firm as during life, and had grown to a length of eleven or twelve inches.

ARAB FAITH IN MEDICINE.—The Arabs in general constantly have recourse both to charms and to medicine, not only for the cure, but also for the prevention of diseases. "They have indeed," says Lane, in the notes

to his translation of the Arabian Nights, "a strange passion for medicine, which shows that they do not consider fate as altogether unconditional. Nothing can exceed the earnestness with which they often press a European traveler for a dose; and the more violent the remedy the better they are pleased. I was applied to on behalf of three donkey-drivers supposed to have been poisoned. I gave the applicant three strong doses of tartar emetic, and he soon came back to thank me, saying that the medicine was most admirable, for the men had hardly swallowed it when they almost vomited their hearts and livers and every thing else in their bodies."

DR. BUNSEN, OF HEIDELBERG.—At the end of the coming semester Dr. Bunsen, the eminent teacher of chemistry in Heidelberg, will celebrate his fifty-year jubilee, he having been teaching that length of time.

A PROFESSIONAL EPITAPH.—The Boston Advertiser digs up the following old epitaph on a watchmaker, referred to a churchyard in Lydford, Devonshire, England:

"Here lies in a horizontal position

The outside case of

George Routledge, watchmaker.

Integrity was the main-spring and prudence the regulator of all the actions of his life;

Humane, generous, and liberal,

His hand never stopped till he had relieved distress.

So nicely regulated were his movements that he never went wrong,

Except when set agoing by people who did not know his key;

Even then he was easily set right again.

He had the art of disposing of his time so well That his hours glided away in one continued round of pleasure,

Till in an unlucky moment his pulse stopped beating.

He ran down November 14, 1802, aged 57,

In hopes of being taken in hand by his Maker, Thoroughly cleaned, repaired, wound up, and set agoing

In the world to come, when time shall be no more."

THE Kentucky Medical Society Transactions are ready.

Selections.

Water in Typhoid Fever.—If the germ theory is correct (and there can be scarcely a shadow of doubt about it), the cooling treatment seems perfectly to accord with it, as the temperature most congenial to the development and action of these minute parasites is higher than that of our healthy blood, and when our fever-heat is reduced they are rendered comparatively inactive. It seems useless to look longer for a substance that will destroy these bacteria in the blood without also impinging upon our own vitality; for all three of the great kingdoms of nature have been searched for two thousand years without our having found a harmless preventive of fever-heat, and the bacteria have been with us all this time, and, as Professor Tyndall believes, have destroyed tenfold more of the human race than have ever fallen in battle. In the light of common sense and sound reason we are forced to adopt the cooling treatment for fevers. The only question is as to how that can be best effected. When I took my degree in medicine, and went out into the world glorying in the idea that my head contained the accumulated therapeutic wisdom of the ages, I soon found, what many others before me had found, that the results of our preventive treatment for fevers were very unsatisfactory. In simple kindness to my patients, I gradually commenced the use of tepid water to reduce the heat of the skin, and in the course of time developed a theory and plan of treatment which I have followed for twenty-five years, with the most gratifying results. I have proved, to an absolute certainty, that the pouring of tepid water through a sheet, so folded that it will reach from the lower part of the hip to the axillæ, will in a short time, two hours at most, reduce the highest fever-heat to the normal standard, and hold it there for days, and even weeks, as in many cases of typhoid which I have treated with invariable success where the treatment began with the first exacerbation of the fever.

If any one of my medical brethren can give a sound philosophical reason for it, one founded in nature and physiological law, and can show that the results are invariably satisfactory, I will recommence the use of quinine and alcohol to goad the vital force when flagging in its efforts at expulsion, or to overpower it when it causes the heart and lungs to act with such force and frequency as to raise the vital heat to a dangerous degree.

But one word about Professor Sée's idea of alcoholizing a typhoid patient to prevent the exalted vital action, the cause of the excessive heat. In my time I have had several calls to sit in council with my medical *confrères* who had treated their typhoid cases in the usual way almost up to the period of *articulo*

mortis, a point past all hope from the use of any medicinal remedy known to the profession; and by simply adopting the tepid pouring process the fearful internal heat was reduced to the normal standard, and held there by continued pouring, and equalized by applying artificial warmth to the extremities. In one notable case, that of Mr. Stanchfield, at Streator, Ill., in the summer of 1869, my friend Dr. Williams administered a quart of brandy within the twenty-four hours previous to our council, not for the depressing purpose, as Dr. Sée uses it, but to stimulate the sinking energies of the system and increase the peripheral action, the extremities having a great tendency to coldness since his "sinking spell" of the night before. All this time, however, the internal heat was in the neighborhood of 106°, above and below. He had been in a constant waking delirium for three days; no movement from the liver and small intestines for four days; tympanites to an extent that of itself would seem to render the case hopeless, and not a single encouraging symptom. All I did for that case during the first eighteen hours was to pour tepid water through a thickly-folded sheet that covered the whole trunk, and attended to warming the legs and feet and arms and hands. I not only omitted the use of all stimulants, but did not give him even a spoonful of cold water during the first eighteen hours, on account of his unwillingness, in his half unconscious state, to take any thing into his mouth. Within one hour he was getting refreshing sleep; within eighteen hours immense quantities of exceedingly fetid bilious matter passed his bowels, and in three days he was clothed in his right mind and fully convalescent.

Method of Affusion.—For many years I had great difficulty and annoyance in the matter of pouring the tepid water, as it involved so much wet and slop about the room, not to speak of the soiling and wetting of the bed-clothes. This is now obviated by the introduction of a bathing cot or fever bed, constructed with two bottoms; that on which the patient lies being composed of a strong network of cotton cord readily pervious to water, and an impervious bottom of rubber cloth, so adjusted beneath as to catch and convey the water into a vessel at the foot. With this cot any case of fever, taken at its incipency, can be successfully treated with water whose temperature is agreeable to the patient.

Special Points in the Pathology and Treatment of Typhoid Fever.—The points to which I wish to direct special attention are: 1. That the vital force, under all circumstances of health or disease, does its best to preserve the integrity of the organism. 2. That the increased action of the heart and lungs, in all fevers, is for the purpose of carrying the blood more rapidly to the depurating organs, that the impurities and poisons may the sooner be cast out; therefore the

administration of any substance for the purpose of preventing or lessening the exalted vital action, in order to prevent the excess of heat, is simply fighting nature. 3. The reason why excessive heat is dangerous to life is because it directly converts impurities in the blood into poison, and serves, in all infectious and malarial causes of vital disturbance, as a fermenting condition to develop the bacterial germs into living organisms that destroy life by preying upon the blood and tissues. And last, the persistent pouring of tepid water over the trunk through a folded sheet, so as to cool the blood to the normal standard and hold it there, not only prevents all complications or morbid changes in fluid or tissue which occur solely through the influence of excessive heat, but it prevents all pain, and renders the patient comfortable during the whole time it takes the vital force to expel the cause of disturbance.—*G. W. Kibbee, M. D., in Philadelphia Reporter.*

Camping Out as a Therapeutic Agent.—Dr. Gibbons, in the *Pacific Journal*, writes concerning the benefit invalids may derive from camping out. His remarks are specially for the dry climate of California, but the pleasure and profit of the wild life may be derived elsewhere, and it is not too late in the season in the Southwest to give it a trial. We make the following extract from Dr. Gibbons's paper:

"The number of persons capable of deriving positive benefit to their health from a month or six weeks of this mode of life is very great. A large proportion of families in city and country contain one or more invalids. Among men, dyspepsia and "biliousness" co-operate for evil with the toil of business. Among women, nervous affections in endless forms and debility from nursing or want of out-door exercise abound. Young children have disordered stomach or bowels, or they are continually taking cold. It is surprising what a large proportion of the population might, at any given time, be classed as invalids, their invalidism being of a character not to require medicine or medical treatment, but demanding precisely that revolutionary hygiene which camping out supplies.

"As a therapeutic agent, camping out has this advantage, that it is less expensive than travel or watering places, or any other procedure involving absence from home. It may be made to cost scarcely anything. There is often game enough within reach to supply meat. Fish may be caught in the neighboring streams. An accessible farm-house will supply butter and milk. It is to be presumed that the females of the party can make bread and cook. If they can not, any "old 49er" can do the cooking. All this is based on the supposition that the party contains only one or two invalids; for a party of

invalids exclusively would be preposterous, unless composed entirely of dyspeptic males.

"Persons who are averse to spending all their time in recreation carry with them books and other means of improvement. The arts of domestic life and the ordinary occupations of home may be mingled with the daily pursuits. Happy the man or the woman who can bring to bear, on such occasions, a knowledge of nature, and who can read the rocks and mountains, the flora and fauna. In default of scientific training, much profitable diversion may be derived from making collections of mineral and vegetable specimens. A bundle of old newspapers will supply all the capital necessary to form a herbarium.

"A camping party may resolve itself into an exploring party. There are hundreds of localities throughout the state admirably fitted for this purpose. The immediate surroundings of Clear Lake, for instance, offer a rich field for exploration, accessible even to invalids, with but little labor. Donner also and Tahoe, near the summit of the Sierras, hold out special attractions, added to which are whatever advantages can be derived from an altitude of 6,000 feet.

"Camping out may be made a measure of economy. Families and individuals sometimes save money by spending a month or six weeks out of town. Excursion parties are formed on this plan, to travel by private conveyance in an express-wagon or other vehicle, even to the distance of Yosemite. I know of a San Francisco party which visited that wonder of the world in a wagon drawn by two horses, and which was absent six weeks. The party consisted of eight or nine ladies and gentlemen. They returned in exuberant health and spirits, exhilarated by the scenes and adventures and novelties which every day and almost every hour had presented. The expenses of the whole party scarcely exceeded those of a single individual traveling by the public routes.

"Some judgment must be exercised in the selection of localities appropriate to certain forms of invalidism or disease. Neuralgia and rheumatism require that the change be from a cooler to a warmer climate. In pulmonary affections the choice will depend more on the condition of the subject than on the name of the disease. Whatever invigorates the digestive and muscular systems and improves the general condition, presents the best possible treatment, as a general rule, in threatened or incipient phthisis, and no possible agencies can be devised for this purpose more effectual than travel and camping out, under the circumstances at command beneath the skies of California.

"I would commend a month or six weeks of the travel and out-door life above described, as the best means of renovating the health and prolonging the lives of a large number of overworked men and women whose circumstances will not permit them

to enjoy a summer recreation in a less economical way. Men who are bending under the burdens and cares of business would derive from such a period of relaxation in the late spring or early summer an amount of vital force that would not be exhausted before another summer solstice."

How to Cure a Cold.—1. Begin with a sharp aperient in the solid form of pills, swallowing them with as little water as possible. '2. The food should be rather less in quantity and more digestible than usual, and at first should be dry; later on, the moister forms of food are more easily swallowed and digested. 3. As much exercise as possible should be taken in warm clothing, to promote the action of skin and bowels. The thirst often keeps one awake at night; but this may be prevented by taking a small opiate or fifteen minims of chlorodyne, if necessary; and it is probable that the cold is also benefited by such a dose, but with this difference, that, when the dry treatment has been carried so far as to produce great thirst, it is almost certain that opium will not produce diaphoresis, and therefore does not render exposure more dangerous. How long must the abstinence from drink be continued? No fixed number of hours will apply to every case. "Until a cure is effected" is a good indication whereby to be guided. Imagine a sharp diarrhea setting in, and probably the time required would be much shorter; and that is my reason for adding an aperient to the treatment. As a rule, I think it will be found that twenty-four hours give immense relief; thirty-six or forty-eight hours effect a cure, and sixty hours make it sure and certain. But during the latter part of the time I do not think the treatment is at all interfered with by a few teaspoonfuls of water taken with food; and in all cases the return to drink must be very gradual, commencing with small quantities of fluid, which, I need scarcely say, must be simple and non-stimulating.—*Dr. Wood in British Medical Journal.*

Parotitis following Typhoid Fever.—Parotitis is occasionally an exceedingly important surgical complication, whose onset is always to be dreaded, lest it bring in other evils worse than itself. Murchison believes with Graves that the inflammation begins in the areolar tissue between the lobules of the gland itself; but Hoffmann has unquestionably shown that, at least in typhoid, the pancreas and all the salivary glands are in a state of rapid cell proliferation in nearly every case, and that parotitis proper is merely "an exaggeration of the changes that usually take place in this gland during typhoid fever, and bears the same relation to these changes that ulceration and perforation of the intestine do to the infiltration of the intestinal follicles." This exaggeration he believes to be due to the dense parotid fascia which

compresses the gland. But this is not the only role this dense investing fascia plays. The compression of the swollen tissues not rarely produces gangrene, so that the entire gland may slough out in great masses like tow. In a case related to me by Dr. Grove it involved both glands and proceeded so far that the fingers could almost meet behind the pharynx. The compression also is very favorable to thrombosis, which may extend to the brain by the diploic veins or even to the internal jugular itself. Necrosis and septicaemia not rarely follow in its track. In two cases I have found facial palsy, from involvement of the seventh nerve. Facial deformity and ankylosis of the jaw are sometimes seen. In none does hemorrhage from the carotid appear to have followed.

The death-rate is largely increased in such cases, since of 352 cases 125 died and 227 recovered—a mortality of nearly one third. The sex is named in only 19 cases, of which 14 were males. Contrary to the fact in other complications, except in perineal fistulae, this disease is most common after 30. Of 211 cases, the average age, according to Murchison, was 31½. It is certainly very rare in children, for I have found but 2 cases under 15. Typhus was the preceding fever in 352 cases, and typhoid in only 26. Most cases do not go on to suppuration, for of 101 I find 40 suppurated and 61 did not. The abscesses generally discharge by one or often by several openings, the external meatus being frequently one of them. As Nélaton has pointed out, even where it has thus opened, if we would avoid burrowing and other subsequent troubles, we must open it still more freely, in order to divide the parotid fascia.—*From Dr. W. W. Keen's Toner Lecture on the Surgical Complications and Sequels of Fevers.*

Prevention of Pitting in Small-pox.—I have used many applications to prevent pitting in cases of small-pox, but none from which I have derived such manifest good results as from common linseed-meal poultices assiduously applied to the face from the moment the eruption shows itself until the fever begins to decline. Among the many advantages that the poultice possesses over other applications, is the by no means unimportant one of softening and determining to the skin, and thus aiding the development of the pustules, and in this way relieving the system of the strain placed upon it. Any one who has seen much of small-pox must have learned to look with anxiety for the appearance of well-thrown-up pustules on the face, knowing well the likelihood of a coincident relief to respiration and decline of temperature. This the poultices hasten, I had almost said effect; while, more than this, they exclude the light and completely prevent subsequent pitting. My mode of proceeding has always been to have a saucepan with

linseed meal and water on the fire in the bed-room, and so soon as the poultices dry on the patient's face—and this, in really severe cases, they do very speedily—I direct the attendant to take some of the linseed-meal paste from the saucepan and apply it as a fresh poultice. In this way the poultice is always ready. It may be said that this application would be offensive; but let any one try it in a really serious case of commencing confluent small-pox, where the skin of the face burns with the deterioration of blood caused by the effort to throw out the eruption, and I am sure that, however disagreeable it may appear in description, in practice it gives almost heavenly relief. I do not question the advisability of bathing the face with a carbolic acid wash between each poultice; but, contrasted with the poultice application, I doubt if carbolic acid alone would be equally satisfactory.—*Dr. Cooper in British Medical Journal.*

Can Twenty Grains of Chloral Kill?—This valuable medicine, like most useful medicines, is not without its dangers and drawbacks. Occasionally is recorded an account of death supposed to have been caused by an overdose. What is a proper and safe quantity to be administered at one time? A drachm would hardly be thought to be dangerous. Less than this, however, is usually enough to promote sleep. Dr. Ingalls, in the Chicago Medical Journal, gives an account of the case of a healthy woman to whom twenty grains of chloral in two doses, with an interval of an hour, were given with the intent of preventing pain in the extraction of teeth. She showed symptoms of poisoning soon after the administration of the second quantity, and, in spite of remedies, was dead in fifteen minutes! Why did that woman die? Could twenty grains of chloral kill? It may be doubted; but it will be well not to forget such facts as this, and always maintain due caution in prescribing a remedy of which such a result is maintained to be possible. Liebreich says that only the crystallized drug is safe. The impure preparation poisons sometimes, and even may kill.—*Druggists' Circular.*

Ingrowing Toe-nail.—Drop a few drops of liq. potassæ (℥ij to ℥j), as recommended by Dr. Sidney Ringer) on this ulcerated surface with its embedded nail, four or five times a day, and you will soon notice a diminution of the discharge, a cutting-down of the granulations, and the edge of the nail beginning to pulpify. Here I am met with the objection that this will give rise to intolerable suffering. The pain, acute at first, will soon pass away, and leave the patient much more comfortable than before. Practicing this for a short time, a partly-flexible condition will be observed in the inverted nail, which renders it, with

proper care and caution, easily elevated, without causing the patient a deal of pain. When this is done, take a thin piece of selected cork, which being smooth, flexible, and capable of accommodating itself to this bed of granulations, is gently inserted under the nail, to be followed by almost instantaneous relief. Compressed sponge, lint, and cotton wool are all open to a common objection; viz., their properties of absorbing the discharge from the granulations and retaining it in contact with the sore, which is highly detrimental to its favorable course and cure. They are, moreover, too heating, and not sufficiently firm and elastic to exercise the necessary degree and kind of pressure. These latter indications are fulfilled most admirably and perfectly by the cork, causing by constant pressure atrophy and wasting of the granulations and the great mass of redundant tissue. Aside from these properties of the cork, by constantly elevating the nail, it separates to an appreciable extent the nail from its matrix, thus causing in the course of a few months a marked narrowing of the nail.

Having suffered for a number of years with this annoying and very painful affection, and believing that a radical cure has been effected by the above method of treatment, I respectfully suggest it to those of your readers who are suffering from the same, as a substitute for evulsion and much superior to any method of palliation.—*J. D. Neet, of Versailles, Ky., in New York Medical Record.*

Diagnosis of Hip-diseases in Children.—In examining a child suspected to have hip-disease, be careful to place him on something firm and flat; a table covered with a blanket, a leather couch, or the floor. If you use a soft bed, he will sink into it, and you will perhaps overlook even a considerable deformity. Do not be content with any thing short of a thorough examination. Do not pretend to say whether a child whom you have examined with his trousers on has or has not hip-disease. Let him be undressed, so that you can move his limbs without being hindered by his clothes. Girls past early childhood may be fully examined, if you use a shawl or a loose sheet to cover them. 1. You must look for abnormal posture of the limb or of the pelvis; 2. For stiffness at the joint; 3. Observe whether the glutei or the muscles of the thigh are wasted, or whether any, especially the adductors, are rigid; 4. Or whether there is any swelling about the joint or in the thigh or the iliac fossa; 5. Notice the relation of the trochanter to the side of the pelvis as compared with that of the opposite side; 6. Look to the length of the limb as compared with that of its fellow; 7. See how the patient walks, if he be able to do so; 8. If he have pain, learn its situation and its character.—*Howard Marsh, in British Medical Journal.*